





# ADVANCE EXTERMINATORS & PEST CONTROL

A division of Advance Group, LLC

PMB 495 Box 10003, Saipan, MP 96950-8903  
Telephone: (670) 233-4747 • Fax: (670) 233-2629  
E-mail: advance@vzpacifica.net

advancegroup, LLC

## SERVICE ACKNOWLEDGEMENT REPORT

SERVICE  
TICKET NO.: 04829

Name/Company: DYS  
Address: Kauman  
Service Location: 210. U.

Date: 2-23-06  
Phone No: \_\_\_\_\_

### TYPE OF SERVICE

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Commercial                | <input checked="" type="checkbox"/> Inspection/Follow-up | <input type="checkbox"/> IPM (Integrated Pest Management) Method    |
| <input checked="" type="checkbox"/> Residential    | <input type="checkbox"/> Fly Trap/Time Mist              | <input type="checkbox"/> Termite Bait Station                       |
| <input type="checkbox"/> Fogging/Fumigation        | <input checked="" type="checkbox"/> Rodent Bait Station  | <input type="checkbox"/> Termite Post-Treatment: Wood               |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Injection/Trenching/Slab Injection/Rodding |
| <input type="checkbox"/> Gelling/Crack & Crevices  | <input type="checkbox"/> Turf & Ornamental               | <input type="checkbox"/> Soil Treatment                             |
|  |  | <input type="checkbox"/> Others _____                               |

### TYPE OF PEST

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Ants               | <input checked="" type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input checked="" type="checkbox"/> Roaches | <input type="checkbox"/> Ticks                  | <input type="checkbox"/> Termites                  |
| <input type="checkbox"/> Rodents/Shrews     | <input checked="" type="checkbox"/> Fleas       | <input type="checkbox"/> Others: _____             |

### TECHNICIANS NOTE:

#### COMMENTS:

Inspection and treatment was performed to the interior and exterior facilities of main building, Unit 6 and Unit B building.  
Baited Rodent Station was contributed to the exterior area.  
In case of inspection only black ants was spot to the fresh basket.

#### RECOMMENDATIONS:

Unit 6 and Unit B building, treated by liquid insecticide.

### MATERIAL/S USED

### AMOUNT USED

Talstar One  
Dranet  
Centric Blox

1 oz  
2 oz  
10 pcs.

Customer's Name: VICTOR LANIYO

Technician(s): Eugen de Guzman

Signature: [Signature]

Time In: 9:45 Time Out: \_\_\_\_\_

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2/27/06  
 advancegroup, LLC

## SERVICE ACKNOWLEDGEMENT REPORT

SERVICE TICKET NO.: 04827

Name/Company: DYS Date: 2-22-06  
 Address: Capitol Halls Phone No: \_\_\_\_\_  
 Service Location: Main Facility

### TYPE OF SERVICE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Commercial                | <input type="checkbox"/> Inspection/Follow-up            | <input type="checkbox"/> IPM (Integrated Pest Management) Method                                 |
| <input checked="" type="checkbox"/> Residential    | <input type="checkbox"/> Fly Trap/Time Mist              | <input type="checkbox"/> Termite Bait Station  |
| <input type="checkbox"/> Fogging/Fumigation        | <input type="checkbox"/> Rodent Bait Station             | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment  |
| <input type="checkbox"/> Gelling/Crack & Crevices  | <input type="checkbox"/> Turf & Ornamental               | <input type="checkbox"/> Others: _____   |

### TYPE OF PEST

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Ants | <input checked="" type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input type="checkbox"/> Roaches         | <input type="checkbox"/> Ticks                  | <input type="checkbox"/> Termites                  |
| <input type="checkbox"/> Rodents/Shrews  | <input type="checkbox"/> Fleas                  | <input type="checkbox"/> Others: _____             |

### TECHNICIAN'S NOTE

#### COMMENTS:

\* Inspection and treat the interior and exterior facilities of  
 \* Put Rodenticide on bait station.  
 \* None of the above pest found on time of inspection

#### RECOMMENDATIONS:

### MATERIALS USED

### AMOUNT USED

Talstar	50 oz
Dreghat	75 oz
Contrae B100	4 pcs.

Customer's Name: Antonette Soles  
 Signature: [Signature]

Technician(s): Roger de Guzman  
 Time In: 1:00

"We're ADVANCE!"

TIME : 01/19/2006 15:54

TRANSMISSION VERIFICATION REPORT





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## SERVICE ACKNOWLEDGEMENT REPORT

SERVICE  
TICKET NO.: **04683**

Name/Company: DYS  
Address: Kajman  
Service Location: C.D.A.

Date: 2-9-06  
Phone No: \_\_\_\_\_

### TYPE OF SERVICE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Commercial                | <input checked="" type="checkbox"/> Inspection/Follow-up | <input type="checkbox"/> IPM (Integrated Pest Management) Method                                 |
| <input checked="" type="checkbox"/> Residential    | <input type="checkbox"/> Fly Trap/Time Mist              | <input type="checkbox"/> Termite Bait Station  |
| <input type="checkbox"/> Fogging/Fumigation        | <input checked="" type="checkbox"/> Rodent Bait Station  | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment  |
| <input type="checkbox"/> Gelling/Crack & Crevices  | <input type="checkbox"/> Turf & Ornamental               | <input type="checkbox"/> Others _____  |

### TYPE OF PEST

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Ants    | <input checked="" type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input checked="" type="checkbox"/> Roaches | <input checked="" type="checkbox"/> Ticks       | <input type="checkbox"/> Termites                  |
| <input type="checkbox"/> Rodents/Shrews     | <input checked="" type="checkbox"/> Fleas       | <input type="checkbox"/> Others: _____             |

### TECHNICIANS NOTE:

#### COMMENTS:

\* insecticide applied to the interior and exterior facili-  
ties of unit A & B building and Main building.  
\* Refilled Rodent Station w/ Rodenticide to keep on control  
rats.

#### RECOMMENDATIONS:

### MATERIAL/S USED

### AMOUNT USED

Tempo SC  
Contract B101

16 ml  
14 pcs.

Customer's Name: Nedra S. Terphum

Technician(s): Roger de Guzman

Signature: [Signature]

Time In: 2:15 Time Out: \_\_\_\_\_

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advancegroup, LLC

## SERVICE ACKNOWLEDGEMENT REPORT

SERVICE TICKET NO.: **04680**

Name/Company: DYS Date: 2-8-06  
Address: Capitol Hill Phone No.: \_\_\_\_\_  
Service Location: Main Facility

### TYPE OF SERVICE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Commercial                | <input type="checkbox"/> Inspection/Follow-up            | <input type="checkbox"/> IPM (Integrated Pest Management) Method                                 |
| <input checked="" type="checkbox"/> Residential    | <input type="checkbox"/> Fly Trap/Time Mist              | <input type="checkbox"/> Termite Bait Station  |
| <input type="checkbox"/> Fogging/Fumigation        | <input checked="" type="checkbox"/> Rodent Bait Station  | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment  |
| <input type="checkbox"/> Gelling/Crack & Crevices  | <input type="checkbox"/> Turf & Ornamental               | <input type="checkbox"/> Others _____  |

### TYPE OF PEST

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Ants           | <input checked="" type="checkbox"/> Flies/Gnats | <input type="checkbox"/> Carpenter Ants |
| <input checked="" type="checkbox"/> Roaches        | <input checked="" type="checkbox"/> Ticks       | <input type="checkbox"/> Termites       |
| <input checked="" type="checkbox"/> Rodents/Shrews | <input checked="" type="checkbox"/> Fleas       | <input type="checkbox"/> Others _____   |

### TECHNICIAN'S NOTE

#### COMMENTS:

\* Sprayed insecticide to the exterior baseboard including window frame and also interior facilitating such as kitchen during living room, some bedrooms, restroom, and hallway.  
\* Add one more rodent station of Rodenticide and re-filled the others.

#### RECOMMENDATIONS:

### MATERIALS USED

### AMOUNT USED

Dimpo 5C	4 ml
Control Blop	10 pcs
Rodent Station	2 pcs
Glueboard	2 pcs

Customer's Name: Thomas Todd  
Signature: \_\_\_\_\_

Technician(s): Roger de la Cruz  
Time In: 1:10

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TIME : 01/18/2006 16:38

TRANSMISSION VERIFICATION REPORT





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## SERVICE ACKNOWLEDGEMENT REPORT

SERVICE  
TICKET NO.: **14444**

Name/Company: DYS

Date: 1-30-06

Address: Koonen

Phone No: \_\_\_\_\_

Service Location: CDU

### TYPE OF SERVICE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Commercial                | <input checked="" type="checkbox"/> Inspection/Follow-up | <input type="checkbox"/> IPM (Integrated Pest Management) Method                                 |
| <input checked="" type="checkbox"/> Residential    | <input type="checkbox"/> Fly Trap/Time Mist              | <input type="checkbox"/> Termite Bait Station  |
| <input type="checkbox"/> Fogging/Fumigation        | <input type="checkbox"/> Rodent Bait Station             | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment  |
| <input type="checkbox"/> Gelling/Crack & Crevices  | <input type="checkbox"/> Turf & Ornamental               | <input type="checkbox"/> Others _____  |

### TYPE OF PEST

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Ants           | <input checked="" type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input checked="" type="checkbox"/> Roaches        | <input checked="" type="checkbox"/> Ticks       | <input type="checkbox"/> Termites                  |
| <input checked="" type="checkbox"/> Rodents/Shrews | <input checked="" type="checkbox"/> Fleas       | <input type="checkbox"/> Others: _____             |

### TECHNICIANS NOTE:

#### COMMENTS:

- \* Sprayed liquid insecticide to the interior facilities of main building, unit L and B building.
- \* Applied Nyban, Ants Granules to the exterior perimeter.
- \* Refilled Rodent Station with Rodenticide to keep on control rats.

#### RECOMMENDATIONS:

### MATERIAL/S USED

### AMOUNT USED

Tampr SC	16 ml
Nyban (Ants Granules)	4 lb
Contract Bait	14 psc

Customer's Name: John Doe 12/10/05

Technician(s): Roger de Guzman

Signature: [Signature]

Time In: 9:30 Time Out: \_\_\_\_\_

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1/20/06



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## SERVICE ACKNOWLEDGEMENT REPORT

 SERVICE  
 TICKET NO.: 14414

 Name/Company: DYS  
 Address: Capitol Hill  
 Service Location: Main Facility

 Date: 1-18-06  
 Phone No: \_\_\_\_\_

### TYPE OF SERVICE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Commercial                | <input type="checkbox"/> Inspection/Follow-up            | <input type="checkbox"/> IPM (Integrated Pest Management) Method                                 |
| <input checked="" type="checkbox"/> Residential    | <input type="checkbox"/> Fly Trap/Tinse Mist             | <input type="checkbox"/> Termite Bait Station  |
| <input type="checkbox"/> Fogging/Fumigation        | <input type="checkbox"/> Rodent Bait Station             | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment  |
| <input type="checkbox"/> Gelling/Crack & Crevices  | <input type="checkbox"/> Turf & Ornamental               | <input type="checkbox"/> Others _____  |

### TYPE OF PEST

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Ants           | <input checked="" type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input checked="" type="checkbox"/> Roaches        | <input checked="" type="checkbox"/> Ticks       | <input type="checkbox"/> Termites                  |
| <input checked="" type="checkbox"/> Rodents/Shrews | <input checked="" type="checkbox"/> Fleas       | <input type="checkbox"/> Others _____              |

### TECHNICIAN'S NOTE

#### COMMENTS:

*insecticide liquid for the interior and exterior baseboard kitchen facilities, dining, hallway, some bedrooms and rest room.*

#### RECOMMENDATIONS:

### MATERIALS USED

### AMOUNT USED

*Tempo SC*  
*Contract Diox*

*2 ml*  
*6 pcs.*

 Customer's Name: Darcia Cabrera  
 Signature: [Signature]

 Technician(s): Roger de Guzman  
 Time In: 8:30 Time Out: 9:15

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11/11/06  
advancegroup, LLC**SERVICE ACKNOWLEDGEMENT REPORT**SERVICE TICKET NO: **04146**Name/Company: DYS  
Address: Kagman  
Service Location: 400Date: 1-12-06  
Phone No: \_\_\_\_\_**TYPE OF SERVICE**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Commercial                | <input type="checkbox"/> Inspection/Follow-up            | <input type="checkbox"/> IPM (Integrated Pest Management) Method                                 |
| <input checked="" type="checkbox"/> Residential    | <input type="checkbox"/> Fly Trap/Time Mist              | <input type="checkbox"/> Termite Bait Station  |
| <input type="checkbox"/> Fogging/Fumigation        | <input type="checkbox"/> Rodent Bait Station             | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment  |
| <input type="checkbox"/> Gelling/Crack & Crevices  | <input type="checkbox"/> Turf & Ornamental               | <input type="checkbox"/> Others: _____   |

**TYPE OF PEST**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Ants           | <input checked="" type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input checked="" type="checkbox"/> Roaches        | <input checked="" type="checkbox"/> Ticks       | <input type="checkbox"/> Termites                  |
| <input checked="" type="checkbox"/> Rodents/Shrews | <input checked="" type="checkbox"/> Fleas       | <input type="checkbox"/> Others: _____             |

**TECHNICIAN'S NOTE****COMMENTS:**

\* Insecticide liquid to the interior and exterior facilities of Unit A and B Building and Main Building.  
\* Refilled Rodent station w/ Rodenticide to control the Rod.

**RECOMMENDATIONS:****MATERIAL/S USED****AMOUNT USED**

Tempo SC  
Diazinon  
Cortical B/ox

1.5 oz  
1 oz  
30 pcs.

Customer's Name: DYS IDUSignature: [Signature]Technician(s): Roger de GugmanTime In: 9:00 Time Out: 10:30**"We're ADVANCE!"**



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POSTED  
4/5/06

advancegroup, LLC

## SERVICE ACKNOWLEDGEMENT REPORT

SERVICE 04116  
TICKET NO.: \_\_\_\_\_

Name/Company: 095

Date: 01-04-06

Address: Capitol Hill

Phone No: \_\_\_\_\_

Service Location: Main Facility

### TYPE OF SERVICE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Commercial                | <input type="checkbox"/> Inspection/Follow-up            | <input type="checkbox"/> IPM (Integrated Pest Management) Method                                 |
| <input checked="" type="checkbox"/> Residential    | <input type="checkbox"/> Fly Trap/Time Mist              | <input type="checkbox"/> Termite Bait Station  |
| <input type="checkbox"/> Fogging/Fumigation        | <input checked="" type="checkbox"/> Rodent Bait Station  | <input type="checkbox"/> Termite Post-Treatment: Wood Injection/Trenching/Slab Injection/Rodding |
| <input checked="" type="checkbox"/> Residual Spray | <input type="checkbox"/> Lawn Treatment (Residual Spray) | <input type="checkbox"/> Soil Treatment  |
| <input type="checkbox"/> Gelling/Crack & Crevices  | <input type="checkbox"/> Turf & Ornamental               | <input type="checkbox"/> Others _____  |

### TYPE OF PEST

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Ants           | <input checked="" type="checkbox"/> Flies/Gnats | <input checked="" type="checkbox"/> Carpenter Ants |
| <input checked="" type="checkbox"/> Roaches        | <input checked="" type="checkbox"/> Ticks       | <input type="checkbox"/> Termites                  |
| <input checked="" type="checkbox"/> Rodents/Shrews | <input checked="" type="checkbox"/> Fleas       | <input type="checkbox"/> Others: _____             |

### TECHNICIAN'S NOTE

#### COMMENTS:

\* Sprayed liquid insecticide to the exterior and interior baseboards.  
\* Refilled Rodent station with Rodenticide.

#### RECOMMENDATIONS:

#### MATERIAL/S USED

#### AMOUNT USED

Suspend SC  
Dragnet  
Contract Blox

.50 oz  
1 oz  
6 pcs.

Customer's Name: Antoinette Joubert

Technician(s): Roger de Guzman

Signature: [Signature]

Time In: 9:00 Time Out: 9:20

"We're ADVANCE!"